PETITION FOR EXTENSION OF	TIME UNDER 37 CFR 1.136(a)	Docket 0670-7075
CERTIFICATE OF MAILING In re Application of Taichi MAJIMA		
I hereby certify that this correspondence is being deposited with the Urited States Postal Service with sufficient postage as first class mail in an envelope addressed to Cormissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on	Application 10/581,667	Filed June 5, 2006
	For DEVICE AND METHOD FOR CORRECTING A DATA ERROR IN COMMUNICATION PATH	
	Group Art Unit 2611	Examiner Lihong Yu
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.		
The requested extension and appropriate non-small-entity fee are as follows (check time period desired):		
One month (37 CFR 1.17(a)(1)) - (\$130/\$65)		\$130.00
Two month (37 CFR 1.17(a)(2)) - (\$490/\$245)		\$
☐ Three month (37 CFR 1.17(a)(3)) - (\$1110/\$555)		\$
Four month (37 CFR 1.17(a)(4)) - (\$1730/\$865)		\$
Five month (37 CFR 1.17(a)(5)) - (\$2350/\$1175) \$		
Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is \$		
☐ A check in the amount of the fee is enclosed.		
☑ Payment by EFT.		
☐ The Commissioner has already been authorized to charge fees in this application to a Deposit Account.		
☐ The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 50-2280.		
I am the ☐ applicant/inventor		
 assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). 		
attorney or agent of record, or attorney or agent under 37 CFR 1.34(a) Registration number provided below if acting under 37 CFR 1.34(a).		
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.		
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January 10, 2011 Date	- Land	Signature
	Eric J. R	obinson, Reg. No. 38,285 ped or printed name
NOTE: Signatures of all the inventors or assignees of record of the entire Interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.		

☐ Total of forms are submitted.

Burgan Nov Statement: This form is splitmated to take 0.1 hours to complete. Threwill vary depending upon the needs of the individual case. Any comments on the amount of time you care required to complete this form should be sent to the Other Information Officer, U.S. Patient and Trademark Office, P.O. Box 1450, Alexandris, VA.2231-3-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. 80x 1450, Alexandris, VA.2231-3-1450.